

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/569150	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	1						51						
2		1					52						
3		1					53						
4	1						54						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	4	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	6	█	████	████	████	████	TOTAL CLAIMS	████	████	████	████	████	████